Image# 12952529980 PAGE 1 / 32

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Immigration911, LLC			1
ADDRESS (number and street)	PO BOX 10010		
Check if different			
than previously reported. (ACC)	Manassas		VA 20108
2. FEC IDENTIFICATION NUM	BER ▼ CITY	_	STATE ▲ ZIP CODE ▲
C C00495259	3. IS RE	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M5	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15	Apr 2	0 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) X July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3)		M M / D D /	Y T Y T Y T I I I I I I I I I I I I I I
January 31 Year-End Report (YE)	Election	on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on/ _D = D /	in the State of
5. Covering Period 04	01 2012	through 06	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this I	Report and to the best of n	ny knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Stan Dull		
Signature of Treasurer Stan Duli	1	[Electronically Filed]	Date 07 19 / 2012
NOTE: Submission of false, erroneou	s, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Immigration911, LLC		
Report Covering the Period: From:	04	o: 06 30 / Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		28821.11
(b) Cash on Hand at Beginning of Reporting Period	31088.31	
(c) Total Receipts (from Line 19)	26966.70	74679.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58055.01	103500.41
7. Total Disbursements (from Line 31)	23891.60	69337.00
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34163.41	34163.41
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	225601.91	
This committee has qualified as a mul	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

I	mmig	iratio	n91	1 I	I C
•	1111111	ji atio	1101	., -	

ort Covering the Period: From: 04	01 2012 To	o: 06 30 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
a) Individuals/Persons Other		
Than Political Committees	202.00	FEO 00
(i) Itemized (use Schedule A)	300.00	550.00
	4000.70	2629.30
	1666.70	2029.30
	1966 70	3179.30
Lines Tr(a)(i) and (ii)	, 1550.75	311300
o) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		2470 20
	1966.70	3179.30
	0.00	0.00
arty Committees	0.00	0.00
Il Loans Received	25000.00	71500.00
oan Renayments Received	0.00	0.00
	7	7
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
Federal Candidates and Other		
	0.00	0.00
· ·		
	0.00	0.00
The state of the s	0.00	0.00
(IIOIII Scriedule FIS)	0.00	0.00
a) Levin Funda (fuera Calcadula LIF)	0.00	0.00
b) Levin Funds (from Schedule H5)	0.00	0.00
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(ii) Unitemized (use Schedule A)	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period		
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I offou	Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) New Federal Obers	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	23891.60	69337.00	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	23891.60	69337.00	
Transfers to Affiliated/Other Party			
CommitteesContributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other	0.00	0.00	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
		0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely	0.00	0.00	
With Federal Funds	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23891.60	69337.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	23891.60	69337.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) n Line 11(d), page 3)	1966.70	3179.30
	Contribution Refunds	0.00	0.00
	Contributions (other than loans) tract Line 34 from Line 33)	1966.70	3179.30
	Federal Operating Expenditures Line 21(a)(i) and Line 21(b))▶	23891.60	69337.00
	ets to Operating Expenditures 1 Line 15, page 3)	0.00	0.00
8. Net (Operating Expenditures tract Line 37 from Line 36)	23891.60	69337.00

	FOF	R LINE	NU	MBER	:	PAGE		6	OF	32
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Immigration911, LLC Full Name (Last, First, Middle Initial) Bobby Scott Date of Receipt Mailing Address 04 07 2012 City State Zip Code Transaction ID: SA11AI.4577 GΑ McCaysville 30555 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Merchandise Purchase Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

300.00

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

S ľ

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 32 (check only one) 11a 11b 11c 12 X 13 14 15 16 17
	ny information copied from such Reports and Si for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Immigration911, LLC			
Α.	Full Name (Last, First, Middle Initial) LLC Independence Realty Mailing Address 10307 Piper Lane City Manassas FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State VA C Occupation Aggregate	Zip Code 20110 Year-to-Date ▼	Date of Receipt M
В.	Full Name (Last, First, Middle Initial) LLC Independence Realty Mailing Address 10307 Piper Lane City Manassas FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C Occupation Aggregate	Zip Code 20110 Year-to-Date ▼ 60500.00	Date of Receipt 05 02 2012 Transaction ID : SA13.4537 Amount of Each Receipt this Period 8000.00 Loan
C.	Full Name (Last, First, Middle Initial) LLC Independence Realty Mailing Address 10307 Piper Lane City Manassas FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C Occupation Aggregate	Zip Code 20110 Year-to-Date ▼	Date of Receipt M
5	SUBTOTAL of Receipts This Page (optional)			19000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	8 OF	32				
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	11a 11b	11c	12					
Detailed Summary Fage	X 13 14	15	16	17				
not be sold or used by any person for the purpose of soliciting contributions								

Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Immigration911, LLC Full Name (Last, First, Middle Initial) LLC Independence Realty Date of Receipt Mailing Address 10307 Piper Lane 2012 City State Zip Code Transaction ID: SA13.4539 VA Manassas 20110 Amount of Each Receipt this Period FEC ID number of contributing C 6000.00 federal political committee. Loan Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 71500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... 25000.00

TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)		, FOR LINE	PAGE 9 OF 32	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check on	ly one)	
		Detailed Summary Page		22 23 28a 28k	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Ar	by information copied from such Reports and Staten	nents may not be sold or i			
	for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
/	Immigration911, LLC				
	Full Name (Last, First, Middle Initial)				
Α.	Battlestar Entertainment Corp			Date of Disburs	
	Mailing Address Rt.1 Box 269			06	27 2012
	,	State Zip Code		Transaction I	D : SB21B.4523
	High View Purpose of Disbursement	WV 26808		Transaction	D . OB215.4323
	Employee Compensation		001	Amount of Eac	h Disbursement this Period
	Candidate Name		Category/		3328.51
	Office Sought: House Disburser	ment For:	Туре		7
	Senate	Primary General			
	President	Other (specify) ▼			
_	State: District:				
В.	Full Name (Last, First, Middle Initial) Card Services			Date of Disburs	sement
٥.	Card Services			M M / D	
	Mailing Address PO BOX 875852			06	07 2012
	•	State Zip Code MO 64187		Transaction	ID : SB21B.4524
	Ransas City Purpose of Disbursement	MO 64187		_	
	·		004	Amount of Eac	h Disbursement this Period
	Candidate Name		Category/ Type		2565.26
	Office Sought: House Disbursen				
	Senate President	Primary General Other (specify) ▼			
	State: District:	Carlot (opcomy)			
	Full Name (Last, First, Middle Initial)				
C.	Comcast			Date of Disbur	
	Mailing Address PO Box 3005			06 / D	28 2012
	City	State Zip Code		Transaction	ID : SB21B.4525
	Southeastern Purpose of Disbursement	PA 19398	T	Transaction	ID . 3B21B.4323
	Telephone Expenses		001	Amount of Eco	h Disbursement this Period
	Candidate Name		Category/ Type	Amount of Eac	471.00
	Office Sought: House Disburser	nent For:			
		Primary General			
	State: District:	Other (specify) ▼			
	State. District.				
s	UBTOTAL of Disbursements This Page (optional)				6364.77
┢					
т	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Han announts and the Co	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	27	22 23 24 25 28a 28b 28c 29
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name	ne and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ Immigration911, LLC			
Full Name (Last, First, Middle Initial)			
A. Freedom Fitness Center			Date of Disbursement
Mailing Address 9100 Freedom Center Blvd			04 19 2012
City	State Zip Code		Transaction ID : SB21B.4526
Manassas	VA 20110		Transaction iD . 3D21B.4320
Purpose of Disbursement Employee Health Program		001	Amount of Each Disbursement this Period
Candidate Name		Category/	000.00
Office County	and For	Type	300.00
Office Sought: House Disburser Senate	nent For: Primary General		
President	Other (specify)		
State: District:	(- -		
Full Name (Last, First, Middle Initial)			
B. GlobeScope Internet Services, Inc.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2001 Massachusetts Avenue, NW			06 27 2012
City	State Zip Code		Transaction ID : SB21B.4528
Washington	DC 20036		Transaction ID . 3D2 IB.4320
Purpose of Disbursement Email Listing		004	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	120.00
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. INC GreenTeam			Date of Disbursement
Mailing Address			06 27 2012
City	State Zip Code		
•	<u>'</u>		Transaction ID : SB21B.4529
Purpose of Disbursement Office Supplies		001	
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	232.49
Office Sought: House Disburser	nent For:		
	Primary General		
President	Other (specify) ▼		
State: District:			
CURTOTAL of Dishurasments This Dags (artists I)		_	652.49
SUBTOTAL of Disbursements This Page (optional)		······	
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	11	, FOR LINE	PAGE 11 OF 32	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	7.15-			
Immigration911, LLC				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nont
A. Hutchison International LLC			M M / D	
Mailing Address 10307 Piper lane			06 27	
,	State Zip Code		Transaction ID :	SB21B.4531
Manassas Purpose of Disbursement	VA 20110			
Website Development/Consulting		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		13860.00
Office Sought: House Dishures	mont For	Туре		13000.00
Office Sought: House Disburser Senate	ment For: Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. NOVA Digital Films			Date of Disbursen	nent
Mailing Address 9700 Dublin Drive			05 24	
Mailing Address 9702 Dublin Drive			05 24	2012
City	State Zip Code		Transaction ID :	SB21B.4530
Manassas Purpose of Disbursement	VA 20109	T		
Video Shoot		004	Amount of Each D	Disbursement this Period
Candidate Name		Category/		
		Type		500.00
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Szilvia Vukovics			Date of Disbursen	nent
			M M / D I	
Mailing Address PO BOX 10010			06 27	2012
City	State Zip Code		Transaction ID	CD24D 4E2E
Manassas	VA 20108		Transaction ID :	3D21D.4333
Purpose of Disbursement Consulting		001		
Candidate Name			Amount of Each D	Disbursement this Period
		Category/ Type		2380.34
Office Sought: House Disburse	ment For:			7
Senate	Primary General			
State: President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				16740.34
CODITION DISSURGEMENTS THIS I age (optional)				
TOTAL This Period (last page this line number only))			23757.60

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 32 FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	age TOTT LINE 13 OF TOTTWO 3X
IAME OF COMMITTEE (In Full)		Tr	ransaction ID : SC/10.4198
Immigration911, LLC			
LOAN SOURCE Full Name (Last, First, Mid-	dle Initial)		Election:
Immigration911, LLC	and minuar)		Primary
miningrationari, ELO			
M. T. A. I.I.			General
Mailing Address PO BOX 10010			Other (specify) ▼
		de 20108	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
5000.00	,,	0.00	5000.00
TERMS Date Incurred	Date Due	Interest R	ate Secured:
M M / D D / Y Y Y Y		V V V	
08 22 2011		/26/2017 10	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		· 	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	. , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer	,
5. I uli Maine (Last, Filst, Milule Ilillai)		тчатне от Етпріоуег	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		•	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		<u> </u>	5000.00
FOTALS This Period (last page in this line only))	>	
Carry outstanding balance only to LINE 3, School	edule D, for this line. If I	no Schedule D, carry f	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 32

FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 37
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4199
mmigration911, LLC		
LOAN SOURCE Full Name (Last, Fi Immigration911, LLC	rst, Middle Initial)	Election: Primary General
Mailing Address PO BOX 10010		Other (specify)
City Manassas	State VA ZIP (Code 20108
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Pe
10000.0	0	0.00 10000.00
Date Incurred Market Date Date		Interest Rate Secured: 1/26/2017 10.00 (apr) Yes
List All Endorsers or Guarantors (if	- ·	
1. Full Name (Last, First, Middle Initi	ial)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
	tate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (op	tional)	
OTALS This Period (last page in this li	ne only)	>
carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summa

Use separate schedule(s) for each category of the

PAGE 14 OF 32 FOR LINE 13 OF FORM 3X

		Detailed Summ	ary Page	FOR LINE	13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transact	ion ID : SC/10.4	100
mmigration911, LLC					
LOAN SOURCE Full Name (Last, First, MINIMINISTRICTION NAME (Last, MINIMINISTRI	Middle Initial)		Ele	ection: Primary General	
Mailing Address PO BOX 10010				Other (specify) ▼
City Manassas	State VA ZIP Cod	de 20108	_		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at	Close of This Period
115101.91		0.00		, , ,	115101.91
TERMS Date Incurred	Date Due	Inte	rest Rate		Secured:
10 / 06 / 2011	M M / D D / Y	/01/2017	10.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employe	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	,	1 1 1	
2. Full Name (Last, First, Middle Initial)		Name of Employe	ər		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employe	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employe	er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona	l)	>		7 7	115101.91
TOTALS This Period (last page in this line of	nly)			, , ,	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, ca	arry forward	to appropriate	line of Summary.

Use separation for each cate Datailed Su

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

	, 3
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4196
Immigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Immigration911, LLC	Primary
ininigration (1, 220	General
Mailing Address PO BOX 10010	Other (specify)
	de 20108
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
4000.00	0.00 4000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
11 04 2011 1	/26/2017 10.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIF Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Marillan Adduna	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
O Full Name / Last First Middle Life N	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
7. I un Ivalite (Last, I iist, Iviiuule Iliitiai)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Salatanang.
SUBTOTALS This Period This Page (optional)	4000.00
CODICIALO TINO I CHOCA TINO I AGO (Optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 32
FOR LINE 13 OF FORM 3X

	Detailed Summary Fage
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4101
mmigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Immigration911, LLC	Primary General
Mailing Address PO BOX 10010	Other (specify) ▼
City Manassas State VA	ZIP Code 20108
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
3000.00	0.00 3000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M 1 1 18 2011 M M / D	
List All Endorsers or Guarantors (if any) to Loan Sou	rce
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	·
City State ZIP Code	Amount Guaranteed Outstanding:
	2000.00
SUBTOTALS This Period This Page (optional) FOTALS This Period (last page in this line only)	
	this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4102
mmigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)) Election:
Immigration911, LLC	Primary
	General
Mailing Address PO BOX 10010	Other (specify) ▼
City Manassas State VA	ZIP Code 20108
Original Amount of Loan Cumulat	tive Payment To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS	Data Barra de Carra d
Date Incurred	Date Due Interest Rate Secured:
11 21 2011	10.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan S	ource
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed
City State ZIP Co	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Other	Amount
City State ZIP Co	Ode Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	ode Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	Ode Guaranteed Outstanding:
	I
CIRTOTALS This Devied This Deas (antions)	5000.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Covery outstanding belongs only to LINE 2. School: 1.	for this line if no Schodule D. covey forward to appropriate line of Comment
carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed St	ımmary Page		IL 13 OF FORTIN 3X
AME OF COMMITTEE (In Full)			Tran	saction ID : SC/1	0.4103
mmigration911, LLC					
LOAN SOURCE Full Name (Last, First, Middle In	itial)			Election:	
Immigration911, LLC				Primary	
				General	
Mailing Address PO BOX 10010				Other (spec	cify) 🔻
City Manassas State Original Amount of Loan Cum	VA ZIP Code		Polo	nno Outotondina	at Close of This Perio
Original Amount of Loan	ulative Fayillelli 10 L	vale	Dala	lince Outstanding	at Close of This Fello
6000.00		0.00			6000.00
TERMS Date Incurred	Date Due		Interest Rate	7	Secured:
M M / D D / Y Y Y Y M M		Y			Coourou.
12 14 2011	1/2	6/2017	10.00	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loa	1 Source				
Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
	_				
		Amount			
City State ZIP		Guaranteed Outstanding:		, , , ,	
2. Full Name (Last, First, Middle Initial)		Name of Em	nlover		
		rtaino or Em	picyoi		
Mailing Address		Occupation			
		Amount			
City State ZIP		Guaranteed			
		Outstanding:		, , ,	
3. Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
	_				
City Ctata 710		Amount			
City State ZIP		Guaranteed Outstanding:		7	
4. Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
walling Address		Occupation			
		Amount			
City State ZIP		Guaranteed Outstanding:		7	
UBTOTALS This Period This Page (optional)					6000.00
OTALS This Period (last page in this line only)			<u> </u>		7
Carry outstanding balance only to LINE 3. Schedule	D. for this line. If no	o Schedule	D. carry forv	vard to appropri	ate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 32 PAGE 19 FOR LINE 13 OF FORM 3X

		Botanou Guillinary	<u> </u>
AME OF COMMITTEE (In Full)		Т	ransaction ID : SC/10.4104
nmigration911, LLC			
LOAN SOURCE Full Name (Last, First	Middle Initial)		Election:
Immigration911, LLC	, Middle illidai,		Primary
, , ,			General
Mailing Address PO BOX 10010			Other (specify)
City Manassas	State VA ZIP (Code 20108	
Original Amount of Loan	Cumulative Payment	To Date E	Balance Outstanding at Close of This Period
3000.00		0.00	3000.00
TERMS			
Date Incurred	Date Du		Rate Secured:
12 20 2011	M = M / D = D /	1/20/2011	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial))	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	te ZIP Code	Guaranteed	
3.49		Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed	
City	e Zir Gode	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	te ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
<u> </u>			
		Amount	
City Stat	te ZIP Code	Guaranteed	
		Outstanding:	
IDTOTAL O TIVE DE LA LIVE DE LA CARLA	1)		3000.00
JBTOTALS This Period This Page (option	naı)	<u> </u>	3000.00
TALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3	Schedule D. for this line	If no Schedule D. carry f	forward to appropriate line of Summary.
my datataning balance diny to line of	, concaute b, for time infor	ii iio concaalo b, carry	iornara to appropriate into or cammary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 20 OF 32
THE FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4315
mmigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LLC Independence Realty	Primary General
Mailing Address 10307 Piper Lane	Other (specify)
City Manassas State VA	ZIP Code ₂₀₁₁₀
Original Amount of Loan Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
01 / 01 / 2011 M M / D D	
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed Outstanding:
1	I
SUBTOTALS This Period This Page (optional)	1000.00
FOTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 21 OF 32 FOR LINE 13 OF FORM 3X

	Detailed Summary Fage
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4316
mmigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LLC Independence Realty	Primary General
Mailing Address 10307 Piper Lane	Other (specify) ▼
City Manassas State VA	ZIP Code 20110
Original Amount of Loan Cumulat	tive Payment To Date Balance Outstanding at Close of This Period
2000.00	0.00 2000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
04 / 25 / 2011 M M /	1/1/2017 4.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Se	ource
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	Ode Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	ode Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Annual
City State ZIP Co	Amount Ode Guaranteed Outstanding:
<u>.</u>	
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 32 PAGE 22 FOR LINE 13 OF FORM 3X

	Botalioa Gallimary Lago
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4484
Immigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LLC Independence Realty	Primary
=== masponasiios ricany	General
Mailing Addross	Other (specify)
Mailing Address 10307 Piper Lane	Other (specify)
City Manassas State VA ZIP Coo	de 20110
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
	√1/2017 5.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
Sity State 2n Sods	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Marillan Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
-	
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Outstanding.
OUDTOTALO TIL D. L. LTIL D. L. LTIL D. LTIL	1000.00
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Botanoa Gammary Fag	<u> </u>
AME OF COMMITTEE (In Full)		Trar	saction ID : SC/10.4485
nmigration911, LLC			
LOAN SOURCE Full Name (Last, Fir	st Middle Initial)		Election:
LLC Independence Realty	ot, what white,		Primary
,			General
Mailing Address 10307 Piper Lane			Other (specify)
root riper zane			
City Manassas	State _{VA} ZIF	Code 20110	
Original Amount of Loan	Cumulative Paymer	nt To Date Bala	ance Outstanding at Close of This Period
5000.00		0.00	5000.00
3000.00	,	0.00	3000.00
TERMS			
Date Incurred	Date		
01 05 2012		1/1/2017 5.00	9/- (apr) Yes X No
			(4,
List All Endorsers or Guarantors (if	- ·		
1. Full Name (Last, First, Middle Initia	ai)	Name of Employer	
Mailing Address		Occupation	
Maining Address		Coodpation	
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	,
2. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
Ivialing Address		Occupation	
		Amount	
City St	tate ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initia	l)	Name of Employer	
NA TE A LI			
Mailing Address		Occupation	
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	7
1			
		_	
UBTOTALS This Period This Page (opt	ional)	>	5000.00
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Annua autotandina halamaa autota 1995	O Cobodulo D for this !!	. If we Cahadula D	usud to annuantiate the of Over
carry outstanding balance only to LINE	3, Schedule D, for this line	e. IT no Schedule D, carry for	ward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 32 PAGE 24 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4486
mmigration911, LLC		
LICAN COURCE Full Name (Lock First M	ططاء استئنما/	Election:
LOAN SOURCE Full Name (Last, First, Mi	adie initial)	Primary
		General
Mailing Address 10307 Piper Lane		Other (specify) ▼
City Manassas	State VA ZIP Co	de 20110
Original Amount of Loan	Cumulative Payment To	Date Balance Outstanding at Close of This Period
8500.00		0.00 8500.00
TERMS	Date Due	Interest Date Coourad
Date Incurred 01	M	Interest Rate Secured: 1/1/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Amount Guaranteed Outstanding:
IIPTOTALS This Paried This Page (anticast)		8500.00
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arry outstanding balance only to LINE 3. Sc	hedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

schedule(s) PAGE 25 OF 32
gory of the mary Page FOR LINE 13 OF FORM 3X

	Botanou Cummary Lago
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4487
nmigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LLC Independence Realty	Primary
	General
Mailing Address 10307 Piper Lane	Other (specify) ▼
City Manassas State VA ZIP	Code 20110
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
10000.00	0.00 10000.00
TERMS	
Date Incurred Date D	
01 12 2012	1/1/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State Zii Gode	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	A
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State Lii Sout	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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arry outstanding balance only to LINE 3, Schedule D, for this line.	If no Cabadula D. communicated to appropriate line of Summary
iffy outstanding balance only to Line 3, schedule b, for this line.	. Il no schedule D, carry forward to appropriate fille of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed Su	ımmary Page		INC 13 OF FORING 3X
AME OF COMMITTEE (In Full)			Trans	saction ID : SC	/10.4488
mmigration911, LLC					
LOAN SOURCE Full Name (Last, First, M	Middle Initial)			Election:	
LLC Independence Realty				Primary	
				General	
Mailing Address 10307 Piper Lane				Other (sp	ecify) 🔻
City Manassas	State VA ZIP Cod	de 20110			
Original Amount of Loan	Cumulative Payment To	Date	Balar	nce Outstanding	g at Close of This Period
10000.00		0.00)	,	10000.00
TERMS	Data Dua		Interest Date		Cacurado
Date Incurred	Date Due	Y Y Y	Interest Rate		Secured:
01 25 2012		/1/2017	5.00	% (ap	r) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:		, , ,	
2. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Na View Address		O a serve a tila a			
Mailing Address		Occupation			
Other Other	710.0-1-	Amount Guaranteed			
City State	ZIP Code	Outstanding:		7 7	
3. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed			
		Outstanding:		7	
4. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:		7	
		Juistanung.			
			_		
SUBTOTALS This Period This Page (optiona	l)		•		10000.00
OTALS This Period (last page in this line or	nly)		. [.		
Carry outstanding balance only to LINE 3. S	chedule D. for this line. If	no Schedule I	D. carry forw	ard to approp	riate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Botanoa Garminary Fag	,-
AME OF COMMITTEE (In Full)		Tra	nsaction ID : SC/10.4489
nmigration911, LLC			
LOAN SOURCE Full Name (Last, Fin	rst Middle Initial)		Election:
LLC Independence Realty	ot, madio initialy		Primary
			General
Mailing Address 10307 Piper Lane			Other (specify)
10007 1 1901 24110			
City Manassas	State _{VA} ZIP	Code 20110	
Original Amount of Loan	Cumulative Payment	t To Date Ba	ance Outstanding at Close of This Period
6000.0		0.00	6000.00
0000.0		0.00	0000.00
TERMS			
Date Incurred	Date D		
02 23 2012		1/1/2017 5.0	9 / ₂ (apr) Yes X NO
List All Endorsers or Guarantors (if		1.00	
1. Full Name (Last, First, Middle Initi	aı)	Name of Employer	
Mailing Address		Occupation	
Maining Address		Occupation	
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
NA TE A LI			
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed	
,		Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed	
City	tate Zii Oode	Outstanding:	7
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
O:t-	7ID 0 - 1 -	Amount	
City	tate ZIP Code	Guaranteed Outstanding:	9
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obioine inio i enou inio i age (op	uonal)		
OTALS This Period (last page in this li	ne only)		
arry outstanding balance only to LINE	3, Schedule D, for this line	e. If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

e(s) PAGE 28 OF 32
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ge FOR LINE 13 OF FORM 3X

		Botanoa Garrinary i c	<u> </u>
AME OF COMMITTEE (In Full)		Tr	ansaction ID : SC/10.4490
nmigration911, LLC			
LOAN SOURCE Full Name (Last, Fi	rst Middle Initial)		Election:
LLC Independence Realty	rot, whate minuty		Primary
·			General
Mailing Address 10307 Piper Lane			Other (specify)
Todar i ipar Laire			
City Manassas	State VA ZIP	Code 20110	
Original Amount of Loan	Cumulative Payment	To Date Ba	alance Outstanding at Close of This Period
6000.0	0	0.00	6000.00
0000.0		0.00	0000.00
TERMS			
Date Incurred	Date Du		
03 21 2012		1/1/2017 5.	.00 % (apr) Yes X No
			(4)
List All Endorsers or Guarantors (if			
1. Full Name (Last, First, Middle Init	iai)	Name of Employer	
Mailing Address		Occupation	
Walling Address		Occupation	
		Amount	
City	tate ZIP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
NA TE A LI			
Mailing Address		Occupation	
		Amount	
City	state ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
		A	
City	tate ZIP Code	Amount Guaranteed	
o.i.y	211 0000	Outstanding:	7 7
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	state ZIP Code	Amount Guaranteed	
City	late ZIF Gode	Outstanding:	
1			
UBTOTALS This Period This Page (op	tional)		6000.00
OTALS This Period (last page in this li	ne only)	>	
arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	orward to appropriate line of Summary.

Use separate schedule for each category of the Detailed Summary Par

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

	, 3
IAME OF COMMITTEE (In Full)	Transaction ID: SC/10.4536
Immigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LLC Independence Realty	Primary
LEO mappingono really	General
Mailing Address 10307 Piper Lane	Other (specify)
	de 20110
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
6000.00	0.00 6000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
04 / 11 / 2012	6.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
A Transfer of the second of th	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	6000.00
SUBTOTALS This Period This Page (optional)	6000.00
TOTALS This Period (last page in this line only)	>
Ones and the Berlin below to the Board of th	na Oakadala Darama (a
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 32 PAGE 30 FOR LINE 13 OF FORM 3X

	, 3
IAME OF COMMITTEE (In Full)	Transaction ID: SC/10.4537
Immigration911, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LLC Independence Realty	Primary
LES masponashes resulty	General
Mailing Address 10307 Piper Lane	Other (specify) ▼
	de ₂₀₁₁₀
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
8000.00	0.00 8000.00
TERMS	latered Peter
Date Incurred Date Due	Interest Rate Secured:
05 / 02 / 2012	1/1/2015 6.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIF Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Marillan Address	Ownersting
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4 Full Name (Leet First Middle Is:Es!)	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Outstanding.
SUBTOTALS This Period This Page (optional)	8000.00
CODITION OF THIS I ago (optional)	7
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 31 OF 32

FOR LINE 13 OF FORM 3X

		Detailed S	Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Transact	ion ID : SC/10.4538
mmigration911, LLC				
LOAN SOURCE Full Name (Last, First, I	Middle Initial)		Ele	ection:
LLC Independence Realty				Primary
Mailing Address				General Other (appoint)
Mailing Address 10307 Piper Lane				Other (specify) ▼
City Manassas		de 20110		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
5000.00		0.	00	5000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
M M / D D / Y Y Y Y	M = M / D = D / Y	YYY		occured.
05 16 2012		1/1/2015	6.00	% (apr) Yes No
List All Endorsers or Guarantors (if any)) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of E	mployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding		
2. Full Name (Last, First, Middle Initial)		Name of Er		
		, taille of El		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding		
3. Full Name (Last, First, Middle Initial)		Name of Er	mployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
,	-	Outstanding		
4. Full Name (Last, First, Middle Initial)		Name of E	mployer	
Mailing Address		Occupation		
City	ZID Code	Amount Guaranteed		
City State	ZIP Code	Outstanding		
UBTOTALS This Period This Page (optiona	ત્રી)		>	5000.00
OTALS This Period (last page in this line o	nly)		>	
				,,
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule	D, carry forward	to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 32 PAGE 32 FOR LINE 13 OF FORM 3X

LOAN SOURCE Full Name LLC Independence Realty	(Last, First, M	iddle Initial)		Election: Primary General
Mailing Address 10307 Piper	Lane			Other (specify)
City Manassas		State VA Z	IP Code 20110	
Original Amount of Loan		Cumulative Paym	ent To Date	Balance Outstanding at Close of This Period
, ,	6000.00		0.00	6000.00
TERMS Date Incurred		Date	e Due Inter	rest Rate Secured:
05 17 Y	2012 Y	04 / 26	0006	6.00 % (apr) Yes X No
List All Endorsers or Guara		to Loan Source		
1. Full Name (Last, First, M	iddle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This	Page (optional)			6000.00
				225601.91